

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048564

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 10 1963

Primary Registration District No.

1003

Registrar's No.

12463

62-048564

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b <i>22 days</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Chronic Hosp.</i>		d. STREET ADDRESS <i>4916 Emerson</i> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>Manno</i> Last <i>Manno</i>		4. DATE OF DEATH Month <i>12</i> Day <i>25</i> Year <i>62</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-1-1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cotton Belt Bldg.</i>	
11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>Italy</i>	
13a. FATHER'S NAME <i>Paul Manno</i>		13b. MOTHER'S MAIDEN NAME <i>Rosa LaBruzzo</i>	
14. NAME OF HUSBAND OR WIFE <i>Anna</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Paul Manno</i> Address <i>4957 Genevieve -20-</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARCINOMA OF LARYNX WITH METASTASES</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 YEARS</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>161x</i>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>CACHEXIA - PNEUMONITIS - CYSTITIS</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>11:10 a.m.</i> Month, Day, Year <i>12-3-62</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>12-3-62</i> to <i>12-25-62</i> and last saw her alive on <i>12-25-62</i>		Death occurred at <i>11:10 a.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>John J. Keeney M.D.</i> (Degree or title)		22b. ADDRESS <i>5800 Arsenal Ave</i>	
22c. DATE SIGNED <i>12-26-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 29, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Miceli & Sons 1150 N. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 27 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Anthony J. Michel

Licensed Embalmer No. _____

4227

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.